

“*” Required Fields

1 Client Demographics

First Name:*		Last Name:*	
Middle Name:		Suffix:	
		HoH: *	

Name Data Quality:*

☐ Full Name Reported
☐ Partial, or Street Name
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

Social Security Number:*

☐ Full SSN Reported
☐ Approximate or Partial SSN
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

Birthdate:*

☐ Full DOB Reported
☐ Approximate or Partial DOB
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

Gender:*

☐ Male ☐ Female
☐ Transgender Female to Male
☐ Transgender Male to Female
☐ Gender Non-Conforming (i.e. not exclusively male or female)
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

Race:* (Select all that apply)

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

Ethnicity:*

☐ Hispanic/Latino
☐ Non-Hispanic/Latino
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

If Female, Pregnancy Status:*

☐ Yes Due Date: _____
☐ No
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

Relationship to Head of Household:*

☐ Self
☐ Spouse
☐ Daughter
☐ Son
☐ Dependent Child
☐ Other Family Member
☐ Other Non-Family Member

Client Contact Information:

Address: _____ City/State/Zip: _____

Email: _____ Home Phone: _____

2 CE Basic Project Enrollment

Project Start Date:*		Case Manager:	
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3 Entry Assessment

Disabling Condition:*

☐ Yes
☐ No
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected